

ORAL HEALTH CARE

Effective Date: 11-07-2020

I. PURPOSE

The purpose is to define and provide guidance as to what is allowable for the Oral Health Care category of service, in accordance with HRSA standards.

II. DEFINITION

Support for Oral Health Services including diagnostic, preventive, and therapeutic dental care that is in compliance with dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, adheres to specified service caps, and is provided by licensed and certified dental professionals.

(See Health Insurance Premium and Cost Sharing Assistance service standard for details of Alabama's standalone dental insurance cover)

III. PROGRAM GUIDANCE

ADAP HealthPlus Alabama (HPAL) /DentalPlus Alabama (DPAL)

The ADAP-funded health insurance provided by HealthPlus Alabama (HPAL) includes enrollment in a cost-effective health insurance plan. All HPAL clients are enrolled in Blue Cross Blue Shield (BCBS) of Alabama Blue Value Gold plan, with optional standalone dental coverage in BCBS of Alabama Dental Blue Select or DentalPlus Alabama (DPAL).

If enrollment in the optional standalone dental insurance is requested, a second dental insurance card will be issued by BCBS of Alabama and UWCA will issue a DentalPlus Alabama (DPAL) benefits card to cover dental deductibles and payments. Clients must present both the primary BCBS of Alabama insurance card and the secondary HPAL/DPAL benefits card to any participating in-network pharmacy, health, and/or dental provider to ensure full payment. The HPAL/DPAL benefits card will ensure ADAP is billed for the customer portion of the copayment and/or deductible

DentalPLUS service provision consist of the following:

- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.
- Preventive Services - dental cleanings, examinations, x-rays, adjustments to removable appliances, and one surface restoration.
- The Premiums for “self-primary” to Blue Cross Blue Shield on the patients’ behalf
- The patients’ calendar year deductible for \$50
- Diagnostic and Preventative services (Dental exams, X-Rays, and routine Routing Cleanings)

- 20% of basic services up to \$2,000 per calendar year (total)
- 50% of major services up to \$2,000 per calendar year (total)

Part B requirement: Cosmetic dentistry for cosmetic purposes only is prohibited.

Services MUST include Diagnosis and treatment of existing dental disorders and services aimed at preventing similar disorders in the future.

PERFORMANCE MEASURE

Documentation that:

- Oral health services are provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries and meet current dental care guidelines
- Oral health professionals providing the services have appropriate and valid licensure and certification, based on State and local laws
- An oral health treatment plan is developed for each eligible client and signed by the oral health professional rendering the services
- Services fall within specified service caps, expressed by dollar amount, type of procedure, limitations on the number of procedures, or a combination of any of the above, as determined by the grantee

Appendix A: HRSA/HAB National Monitoring Standards, and HRSA/HAB Core Performance Measures Portfolio and Core Measures links below. These sources provide supportive information for CQM program expectations for the recipient and provider subrecipients. HRSA HAB Core Performance Measures Portfolio: <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

HRSA HAB Core Performance Measures link: <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/coremeasures.pdf>

PROVIDER/SUBGRANTEE RESPONSIBILITY

- Maintain a dental file for each client that is signed by the licensed provider and includes a treatment plan, services provided, and any referrals made
- Maintain, and provide to grantee on request, copies of professional licensure and certification

**APPENDIX A: HIV/AIDS BUREAU, DIVISION OF STATE
HIV/AIDS PROGRAMS NATIONAL MONITORING STANDARDS
FOR RYAN WHITE PART B GRANTEES: PROGRAM – PART B**

Quality Management

National Monitoring Standards: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program's approved Standards of Care.

Standard	Measure
1.1) Measure and report client health outcomes using Oral Health Care Services measures approved by ADPH.	<p>1.1) Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> • Percentage of persons living with HIV and receiving Oral Health Care Services, regardless of age, supporting retention in care: ≥ 1 medical visit in each 6-month period of the 24-month measurement period, occurring at least 60 days apart. (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). • Percentage of people enrolled in RW Part B-funded Program living with HIV and receiving Oral Health Care Services, regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

HRSA HAB National Monitoring Standards link: <https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>